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ORIGINAL

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CHIEF CLERK'S OFFICE

Docket No.

01-0135

ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

(Applicant's Name)

: River Bend Family Worship Center
: c/o Ty Van-Thomas

Petition for Eligibility pursuant to
83 Illinois Administrative Code 755,
Section 210.

: Petition for Eligibility pursuant to
: 83 Illinois Administrative Code 755
: Section 210

PETITION FOR ELIGIBILITY
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 43-1548594

Contact Name: Ty Van-Thomas / Riverbend Family Worship Center

Address: Street P.O. Box 2713

City Florissant State/Zip MO 63032

Telephone Number 314/8375161

Fax Number same as above

2. Address and telephone number of the applicant's headquarters:

Address: Street 2926 West Delmar

City Cooder State/Zip IL 62035

Telephone Number 618/374-3925

Fax Number

3. Address and telephone number of the office in which the TTY will be located:

Address: Street 527 Short Street
City Bethalto State/Zip IL 62010
Telephone Number 618/377 6113

4. 83 Illinois Administrative Code 755.10 defines organization as "... centers for independent living and those Illinois-based not-for-profit organizations not owned or operated by any political subdivision, public institution of higher learning, state agency, or municipal corporation of this State whose primary purpose is serving the needs of those persons with disabilities". Please provide a statement explaining how your organization meets the definition of an "organization."
5. Please provide a statement of the equipment set applied for and demonstrate that the organization's primary purpose is serving those persons with disabilities who require that kind of equipment set.
6. Please attach a list of the full names, address and telephone numbers of the officers who can act for the organization.
7. Please attach a copy of the organization's articles of incorporation, by-laws, charter, brochures or any other documenting evidence supporting No. 4 above.
8. Please attach a copy of the organization's most recent annual report (if applicable).
9. Does the organization already possess a TTY from the Illinois Telecommunications Access Corporation (ITAC).
10. Has the organization operated under any other name in the past?


(Signature of Applicant)

VERIFICATION


This application shall be verified under oath.

OATH

State of Missouri
County of St Louis)ss

Ty Van-Thomas makes oath and says that he is President
(Insert here the name of affiant) (Insert the official title of the affiant)
of River Bend Family Worship Center
(Insert here the exact legal title or name of the Applicant)

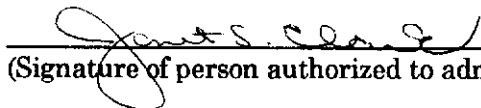
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Janet S. Clark
(Title of person authorized to administer oaths)

in the State and County above named, this 6th day of February 192001

JANET S. CLARK
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County


(Signature of person authorized to administer oath)